TAHP

The Texas Association of Health Plans

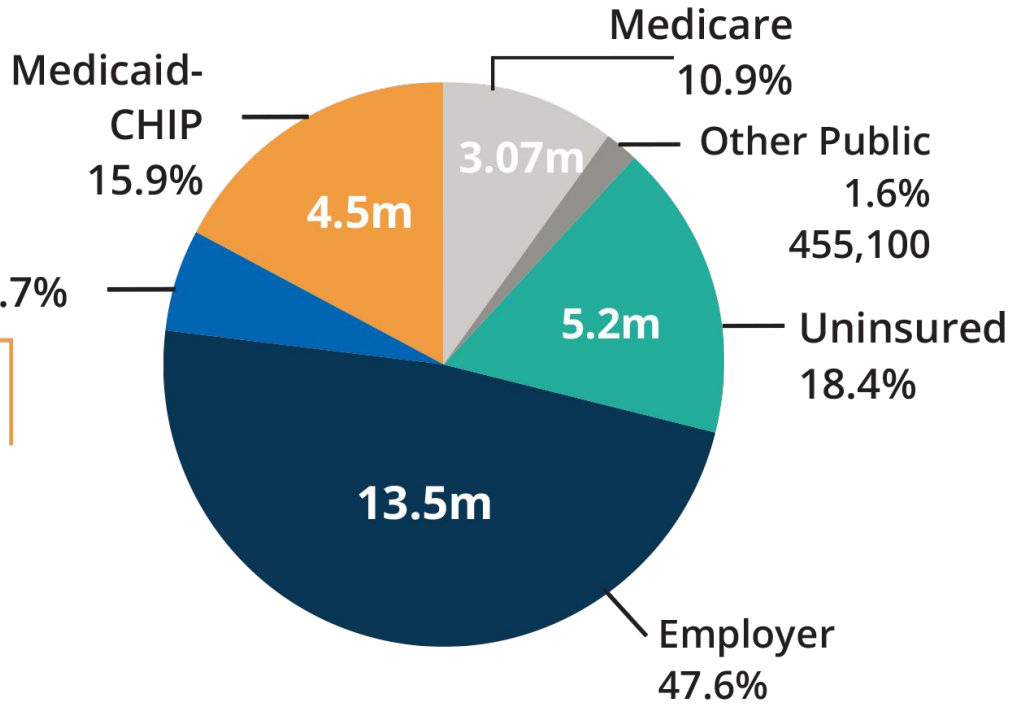
House Committee on Public Health
Access to Health Care Along the Texas-Mexico Border
October 5, 2021

Jamie Dudensing, CEO
Texas Association of Health Plans

Texas Health Coverage and Access

- TAHP member plans provide coverage and access to care for over **17 million Texans** through the fully insured market, ERISA or self-funded market, Medicaid managed care, and Medicare Advantage plans
- The Texas Association of Health Plans (TAHP) was founded in 1987 and is the statewide trade association representing health insurers, health maintenance organizations, and other health-related entities operating in Texas
- TAHP is dedicated to promoting affordable health care for all Texans through advocacy and education

Health Coverage in Texas in 2019



Individual Market: 5.7% of Texans
1.6 Million People

- Texans with subsidized marketplace coverage: 822,509
- Texans with full-cost non-group insurance: 780,691

Kaiser Family Foundation, *Health Insurance Coverage of the Total Population*

Network Access

Health Insurance Network Access

- Texas health insurers must file annual network adequacy reports with TDI
- Health plans are required to provide adequate networks for their service areas based on time and distance standards and be capable of providing all covered services.
- The vast majority of “waivers” are based on a lack of licensed providers in the area
- If no providers are available in the service area, health plans will assist enrollees in finding care through short or long-distance travel, provide assistance in scheduling appointments, telemedicine, etc.

TDI Network Adequacy Requirements

Provider Type	Distance Standard	Time Standard
PCP	30 miles non rural	3 weeks routine medical/3 months for adult preventive adult/2 months preventive child
	60 miles rural	2 weeks routine BH
Urgent Care	N/A	Within 24 hours for medical, dental, BH conditions
Hospital – Acute Care	30 miles non rural	Available 24 hours a day
	60 miles rural	
Dentist	75 miles	8 weeks for routine care
		4 months for preventive
Therapy – OT, PT, ST	75 miles	N/A
Pharmacy	75 miles	N/A

Physician and Provider Shortages

- The vast majority of health plan network "gaps" are because there is no licensed provider available in the service area
- Health plans continuously monitor for new providers
- According to the recent Department of State Health Services report Texas Physician Supply and Demand Projections, 2018 - 2032:
  - the Rio Grande Valley region is projected to face critical shortages of physicians specializing in anesthesiology, family medicine, pediatrics, and psychiatry
  - Critical shortages in West Texas include family medicine, pediatrics, and psychiatry

Physician and Provider Shortages Along the Border

- **Counties with very limited provider types:** Brewster, Crocket, Culberson, Edwards, Hudspeth, Jeff Davis, Pecos, Presidio, Reeves, Sutton, Terrell, and Val Verde
- **Brooks County:** No acute care hospitals (whole county), pain management specialists (part of the county), or pediatricians (part)
- **Cameron County:** No pain management specialists (whole county)
- **Dimmit County:** No acute care hospitals (whole), dermatologists (part), ambulatory surgical centers (part), neonatologists (part), pediatricians (Part), physical medicine and rehabilitation specialists (whole), oncologists (part),pulmonologists (part), ENT providers, or rheumatologists (part)
- **Duval County:** No acute care hospitals (part), dermatologists (part), pediatricians, physical medicine and rehabilitation specialists (part), or rheumatologist
- **Edwards County:** No primary care physicians (Whole), neurologists (part), pulmonologists (whole), or rheumatologists (whole)
- **Frio County:** No acute care hospitals (part), or pediatricians
- **Hidalgo County:** No pain management specialists (whole county)

Physician and Provider Shortages Along the Border

- **Jim Hogg County:** No acute care hospital (whole),dermatologists (part), pediatricians (part), primary care physicians (part),or rheumatologists (part)
- **Kenedy County**(parts of the county): No acute care hospital, pediatricians or primary care physicians
- **KInney County:** No acute care hospitals (whole), ancillary lab/diagnostics (whole), dermatologists (whole), ambulatory surgical centers (whole), gastroenterologists (whole), neonatologists (whole), neurologists (whole), oncologists (whole), pediatricians (part), physical medicine and rehabilitation specialists (whole), primary care physicians (part), pulmonologists (whole), or rheumatologists (part)
- **La Salle County:** No acute care hospitals (part), dermatologists (part), pediatricians (part), physical medicine and rehabilitation specialists (part), primary care physicians (part), rheumatologists (part), or urologists
- **Maverick County:** No acute care hospitals (part), ancillary/diagnostics (whole), dermatologists (whole), ambulatory surgical center (whole), gastroenterologist (whole), neonatologists (whole), neurologists (whole), oncologists (whole), physical medicine and rehabilitation specialists (whole), pulmonologists (whole), rheumatologists (part), or urologists

Physician and Provider Shortages Along the Border

- **McMullen County:** No acute care hospitals (whole) physical medicine and rehabilitation specialists (part), or rheumatologists
- **Real County:** No acute care hospitals (whole), no ancillary labs (part), ambulatory surgical centers (part), home health (part), neurologists (part), oncologists (part), pediatricians (part), physical medicine and rehabilitation specialists (part), pulmonologists (part), or rheumatologists (part)
- **Starr County** (parts of the county): No acute care hospital, pain management specialists, or primary care physicians
- **Uvalde County:** No acute care hospitals (part), an ancillary lab services (part), no hospital based general anesthesiologists (part), ambulatory surgical centers (part), neonatologists (part), oncologists (part), pediatricians (whole), physical medicine and rehabilitation specialists (part), rheumatologists (part), or urologists
- **Webb County:** No acute care hospitals (part), dermatologists (whole), pediatricians (part), physical medicine and rehabilitation specialists (whole), primary care physicians (part), or rheumatologists (whole)

Physician and Provider Shortages Along the Border

- **Willacy County:** No pain management specialist (whole county), or acute care hospital (part)
- **Zapata County:** No acute care hospitals (whole), dermatologists (part), pediatricians (part), physical medicine and rehabilitation specialists (part), or rheumatologists (part)
- **Zavala County** (parts of the county): No acute care hospitals, ancillary lab services, ambulatory surgical centers, neonatologists, neurologist, oncologists, pediatricians, physical medicine and rehabilitation specialists, pulmonologists, or urologists

Medicaid Network Access

- Managed care contracts require MCOs and DMOs to ensure at least 90 percent of members have access to a choice of PCPs and specialty providers within a specified distance or travel time
  - The required distance and travel time standards vary by provider and county type
  - Medicaid requirements are consistent with, or more stringent than, federal or TDI requirements
- Medicaid MCOs submit their networks for each service delivery area and product line to HHSC each quarter for monitoring - HHSC assesses the percentage of each MCO's members, for each provider or service type, with at least two providers within the maximum distance from the member's residence
- The EQRO also uses a secret shopper methodology to conduct appointment availability studies
- Medicaid MCOs out-of-network claims are also reviewed and MCOs are assessed liquidated damages if there is high OON utilization

Medicaid Network Adequacy Exception Process

- If a MCO does not have an adequate network they can submit a request for an exception, under limited circumstances
- The exception must include an explanation of all efforts made in the past year to contract with providers in their service delivery area
- Each exception must also include a plan for ensuring access to covered services for their members to include
  - arrange telemedicine visits
  - find the closest provider (even if out of network) and coordinate and provide transportation for members that need to travel
  - develop case by case agreements with providers
  - work with practices to recruit and retain providers
- MCO must pay 95% of the FFS fee schedule for out of network care

Medicaid Network Adequacy Standards

Provider Type	Distance in Miles			Travel Time In Minutes		
	Metro	Micro	Rural	Metro	Micro	Rural
PCP and Prenatal	10	20	30	15	30	40
Behavioral Health –outpatient	30	30	75	45	45	80
Hospital – Acute Care	30	30	30	45	45	45
Dentist	30	30	75	45	45	90
Therapy – OT, PT, ST	30	60	60	45	80	75
Pharmacy						

* These are new standards adopted in 2016. Benchmarks were set in 2017. The UMCC requires a 75% (members) benchmark in 2017 increasing to 90% in 2019.

Medicaid Network Adequacy Standards

Provider Type	Type of Appointment	Requirement
Behavioral Health	Routine	14 days
	Urgent	24 hours
Prenatal	Initial – 1st or 2nd Trimester	14 days
	Initial – high risk or 3rd trimester	5 days
Primary Care	Preventative adult 21 or older	90 days
	Preventive child birth through 20 years	14 days for members less than 6 months 60 days for members 6 months and older
	Routine Care	14 days
	Urgent Care/Non Emergent for urgent condition	24 hours
	Urgent for acute condition/Non Emergent for acute condition	72 hours
Therapy – OT, PT, ST	Initial Visit	30 days of referral
	Treatment/Follow-Up	Per treatment plan

Access to Primary Care In Medicaid

- When compared to statewide ratio data for the general population, **the ratio of PCPs to Medicaid members are generally more favorable in Medicaid MCO networks**
- Statewide, the ratio of individuals to one PCP is 1:1,320, compared to a ratio of 1:154 for Medicaid (page 27 Network Adequacy Report)

Medicaid Managed Care PCP Providers for All Programs: Ratio of 2020 Q3 members to 1 PCP by Service Delivery Area				
SDA	Total Within SDA	Metro Counties	Micro Counties	Rural Counties
El Paso	203.8	207.4	N/A	2.6
Hidalgo	134.3	143.9	121.3	28.4
MRSA West	29	15.9	48.3	71.2
Nueces	33.2	25.6	68.5	73.4

Percent of Members With Access to **2 In Network PCPs** Within Time and Distance Standards

- **El Paso SDA:**
  - El Paso Health - 96% (STAR)
  - Molina - 99.9% (STAR, STAR+PLUS)
  - Superior - 91.8% (STAR, STAR Health, STAR Kids)
- **Hidalgo SDA**
  - Driscoll - 98.15 (STAR, STAR Kids)
  - Superior - 97.45 (STAR, STAR Health, STAR Kids, STAR + PLUS)
  - United - 99.5 (STAR, STAR+PLUS)
- **MRSA West SDA:**
  - Superior Members- 98.2 (STAR, STAR + PLUS, STAR Health, STAR Kids)
  - First Care Members - 95.4 (STAR)
- **Nueces SDA:**
  - Driscoll - 98.95% (STAR, STAR Kids)
  - Superior - 97% (STAR , STAR Health, STAR Kids, STAR + PLUS)
  - United - 99.45 (STAR, STAR + PLUS)

Access to Psychiatrists In Medicaid

- Statewide, the ratio of individuals to one psychiatrist is 1:12,804, compared to a ratio of 1:2,135 for Medicaid (page 33 Network Adequacy Report)

Medicaid Managed Psychiatrists for All Programs: Ratio of 2020 Q3 members to 1 PCP by Service Delivery Area				
SDA	Total Within SDA	Metro Counties	Micro Counties	Rural Counties
El Paso	1590.8	1684	N/A	4.3
Hidalgo	1902	2207.8	2561.8	125.4
MRSA West	418.5	229.9	806.9	767.6
Nueces	679.2	469.4	1215.1	3289.5

Medicaid Access

- **El Paso SDA** is experiencing no network issues and MCOs are fully in compliance with time and distance standards
- **Hidalgo SDA**
  - Provider shortages include:
    - Audiologists
    - Psychiatrists
    - Targeted case management providers
    - Acute care hospitals in certain rural counties
    - ENT in certain rural counties
  - No issues with PCPs, BH providers, general surgeons, OBG/YNs, pediatricians
  - 100% of clients have access to PT, OT, ST provider
  - To address pediatric subspecialty provider shortages Driscoll Health system charters flights throughout south Texas

Medicaid Access

- **MRSA West SDA**
  - Provider shortages include:
    - Audiologists
    - Targeted case management providers
    - Psychiatrists in certain counties
  - No issues with PCPs, Acute Care Hospitals, BH providers, general surgeons, OB/GYN, therapy providers
- **Nueces SDA**
  - Provider Shortages include:
    - Audiologists in certain counties
  - No issues with PCPs, Acute Care Hospitals, ENTs, General Surgeons, OBG/YNs, pediatricians
  - 100% of clients have access to outpatient BH provider, therapy providers, and a psychiatrist
- During COVID, MCOs have noted that home health agencies are struggling to stay staffed and compete with hospitals that are offering higher wages and COVID bonuses

Increasing Access

APRNs are a key part of the solution to increasing access and options for Texans

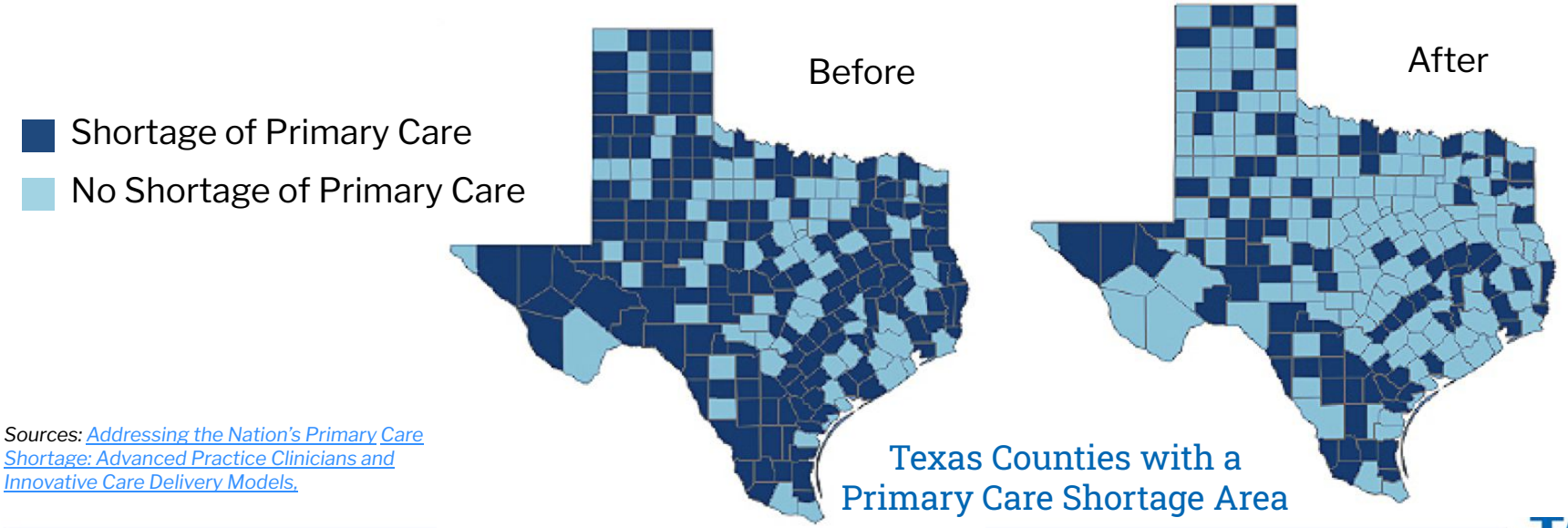
- Removing **Outdated Delegation Barriers** will lead to **Increased health care access** and quality care, especially in primary care, mental health care, and in rural and underserved areas
- Under current Texas law, advanced practice registered nurses (APRNs) such as nurse practitioners are required to sign and often pay thousands of dollars for a contract with a physician **before they can do the job they have been trained and licensed to do**
- But a large and growing mountain of evidence shows that removing these requirements for APRNs eases **health care providers shortages, improves quality of care, and reduces health care costs**

APRNs are a key part of the solution to increasing access and options for Texans

- The National Academy of Medicine, on of the most respected physician advisory board in the United States, recently renewed their recommendation that **"All organizations, including state and federal entities and employing organizations, should enable nurses to practice to the full extent of their education and training by removing barriers that prevent them from more fully addressing social needs and social determinants of health and improving health care access, quality, and value."**
- States with APRN delegation requirements, like Texas, have up to 40% fewer primary care nurse practitioners than states that have eliminated these barriers

APRNs are a key part of the solution to increasing access and options for Texans

7.4 million Texans live in a primary care health professional shortage area. **Eliminating delegation immediately improves most of the primary care provider gap**



Texas Counties with a Primary Care Shortage Area

Sources: *Addressing the Nation's Primary Care Shortage: Advanced Practice Clinicians and Innovative Care Delivery Models.*

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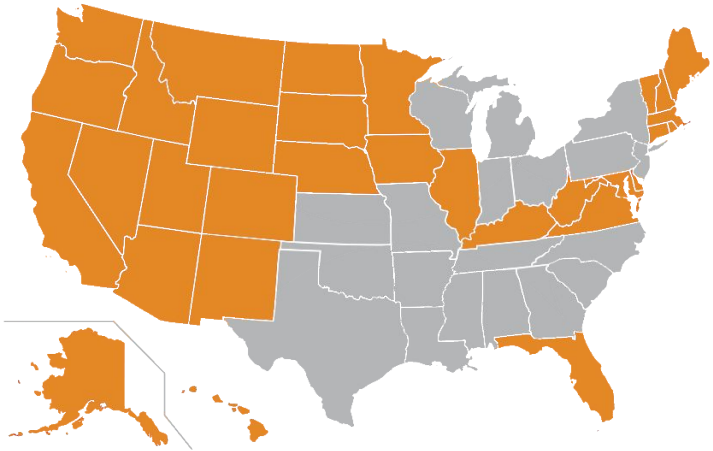
Who Supports Removing Delegation Barriers?

- **31 States + D.C.** have ended outdated physician delegation barriers for APRNs
- **19 additional states**, including Texas, waived delegation during the pandemic
- **More than 30 Texas organizations**—including TAHP, TCCRI, Every Texan, TAB, AARP, TPPF and TORCH—support ending these outdated regulatory barriers

31 States + D.C. Have Ended Lifelong Physician Delegation for APRNs



The Department of Veteran Affairs also allows APRNs to practice without a physician contract. State laws vary in experience requirements and APRN roles allowed to practice independently.

Source: Becker's Hospital Review, December 23rd, 2019.
Florida, California, and Massachusetts passed laws in 2020.

Telehealth and COVID-19

COVID-19 brought with it an explosion in telehealth use. Telehealth has grown dramatically across all geographies, ages, and types of health insurance.

During the COVID-19 pandemic, **Texas health plans and Medicaid managed care plans have expanded access to and encouraged the use of telehealth by:**

- Waiving patient cost-sharing for telehealth services regardless of whether the service is related to COVID-19
- Ensuring Texans have 24/7 telehealth access in their homes
- Supporting providers with infrastructure support needed to transition to telehealth
- Using telehealth to provide service coordination, case management, and discharge planning

4.5 million
Texans began using telehealth during COVID-19.

Nearly all respondents—94%
said they would continue using telehealth after the crisis.

Almost half—45%
said they now trust telehealth as much as or more than an in-person visit.

Expanding Telemedicine Post-COVID-19

- COVID-19 has proven that telemedicine increase access and that there is a demand for these services
- To achieve the long-term promise of telemedicine, Texas needs solutions that expand—not limit—the use of telemedicine to increase access:
  - ✓ **Address use in rural areas**
  - ✓ **Address disparities in access**
  - ✓ **Expand the use telehealth for behavioral services, including allowing for network adequacy**

Increasing Access to Coverage

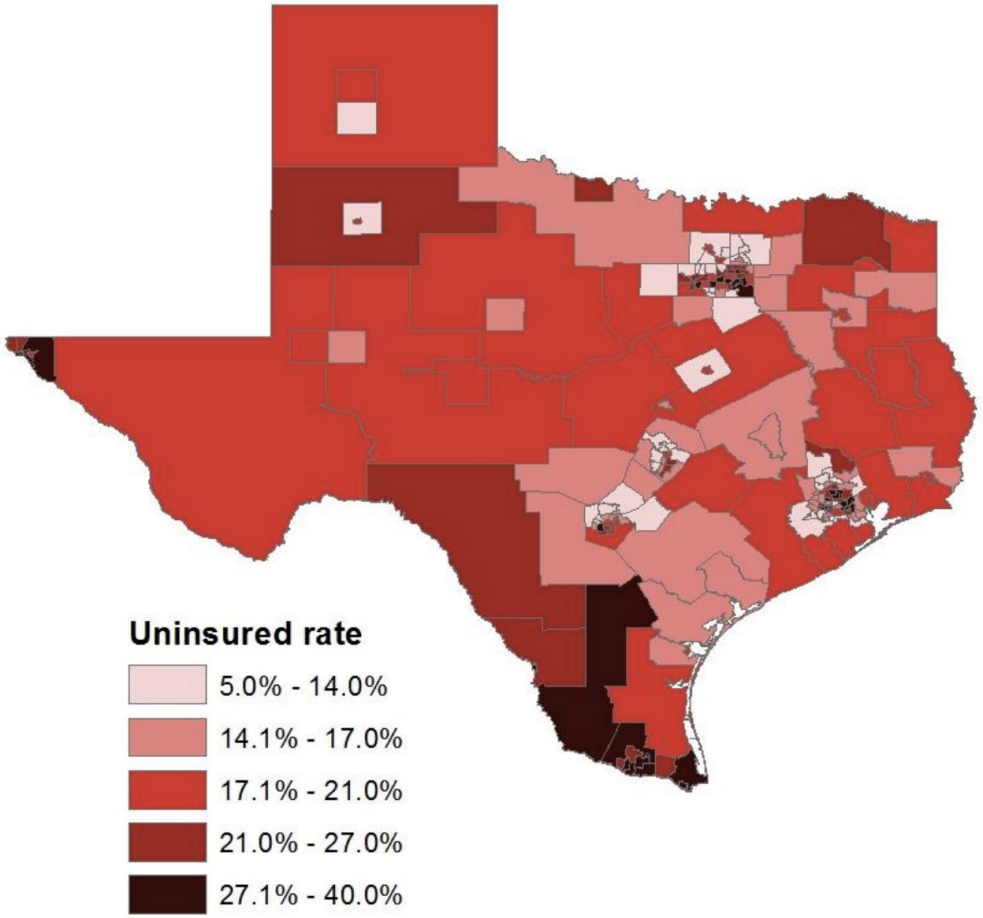
Coverage Increases Access

- While coverage alone doesn't guarantee access, it is an essential first step to increasing access
- Increasing access to any type of health coverage is the most effective way to increase access
- Research from the past thirty years shows conclusively that health insurance coverage has a strong effect on access to care
- Studies show that people without health insurance coverage are less likely to receive necessary preventive care and screening services, have less access to care, and experience worse health outcomes than those with health insurance coverage.

Coverage Disparity in Border Areas

Higher Rates of Uninsured

Local Area Uninsurance Rates of Nonelderly Texans, 2018



Source: Urban Institute, HIPSM 2018.

https://www.episcopalhealth.org/wp-content/uploads/2020/01/201812.10_Uninsured_in_Texas_FINAL.pdf

Good news for HealthCare.gov Open Enrollment

- Enhanced subsidies through 2022 (Congress may extend)
- Record enrollment as of August, at end of special enrollment period
- More Navigators (enrollment assistance from community groups). From <$2M to $13M for TX
- HealthCare.gov marketing/outreach funding restored
- Several insurers are newly entering the Texas Marketplace or are expanding their service area
- Starting in January, new year-round enrollment for low-income subsidy-eligible
- *MAYBE* Congress will make coverage gap population eligible for Marketplace subsidies as early as January (subject to budget reconciliation bill)

Source: Stacey Pogue, Every Texan

ARPA Enhanced Marketplace Subsidies

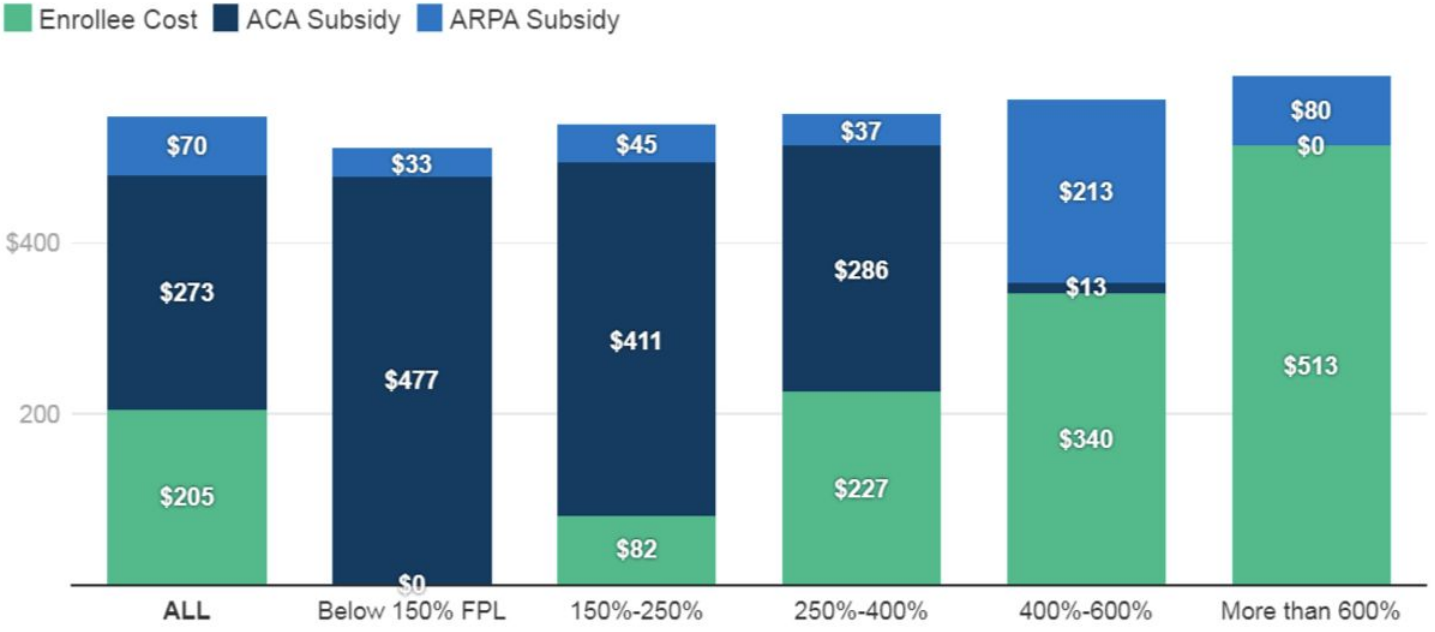
1. Enhanced subsidies for previously eligible (incomes 100-400% FPL) (2021 & 2022)
2. “Subsidy cliff” removed. Subsidies for people over 400% FPL limit premiums to 8.5% of income (2021 & 2022)
3. If unemployment compensation received in 2021, $0 premium platinum-level coverage available (2021 Only)

Source: Stacey Pogue, Every Texan

ARPA subsidies both boost help to currently subsidized and extend subsidies to higher income

Figure 3

Average Premium Cost and Subsidy Among Current Individual Market Enrollees Under American Rescue Plan Act



NOTE: Premiums shown reflect the second-lowest cost silver plan. Average premiums in the chart rise with income because higher income enrollees tend to be older and thus have higher premiums on average. Prior to the ARPA, California was the only state to offer premium subsidies to people making over 400% of poverty.

SOURCE: KFF analysis of 2019 American Community Survey. • PNG

KFF

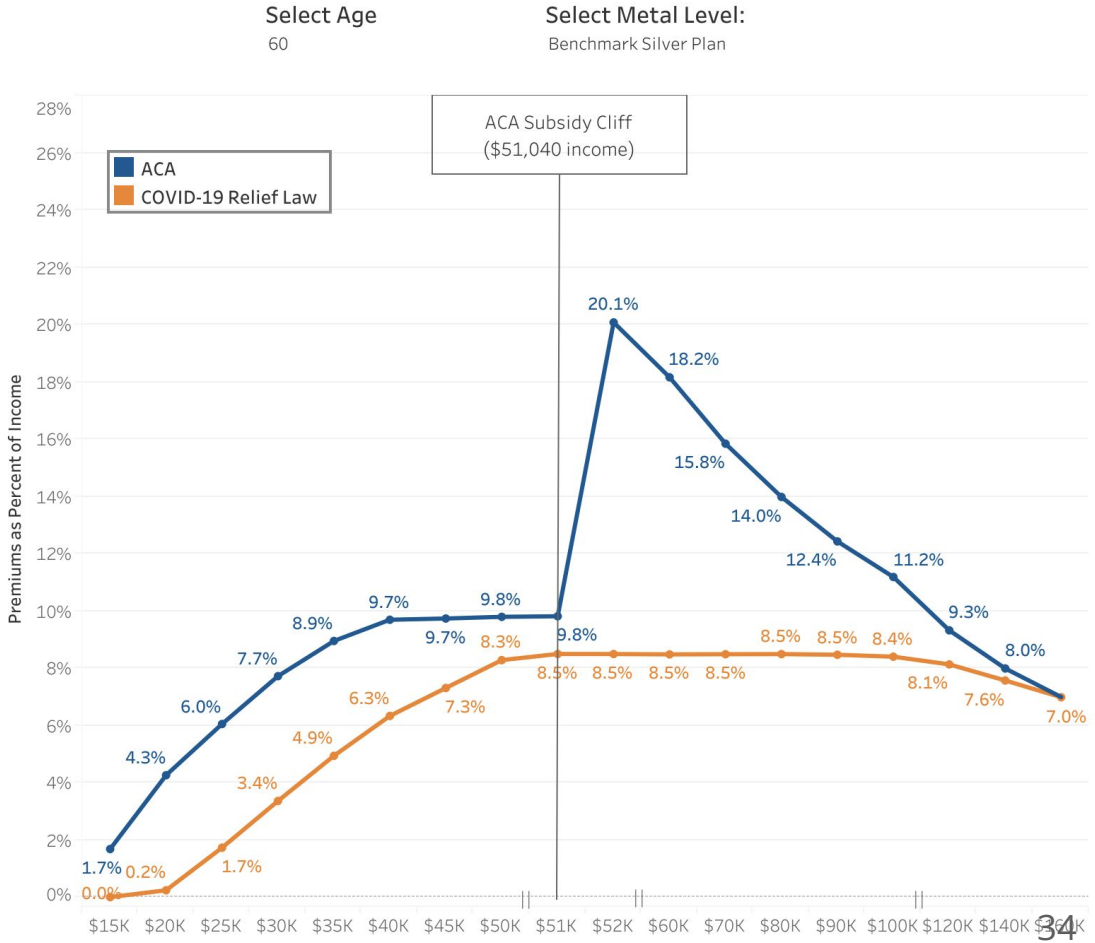
https://www.kff.org/health-reform/issue-brief/how-the-american-rescue-plan-act-affects-subsidies-for-marketplace-shoppers-and-people-who-are-uninsured/

ARPA ended the subsidy “cliff” for people with incomes over 400% of the federal poverty level through 2022

https://www.kff.org/health-reform/issue-brief/impact-of-key-provisions-of-the-american-rescue-plan-act-of-2021-covid-19-relief-on-marketplace-premiums/

Stacey

Percentage of income required to buy a mid-tier plan with ACA and ARPA subsidies for a 60 year old at different incomes



Record Marketplace enrollment

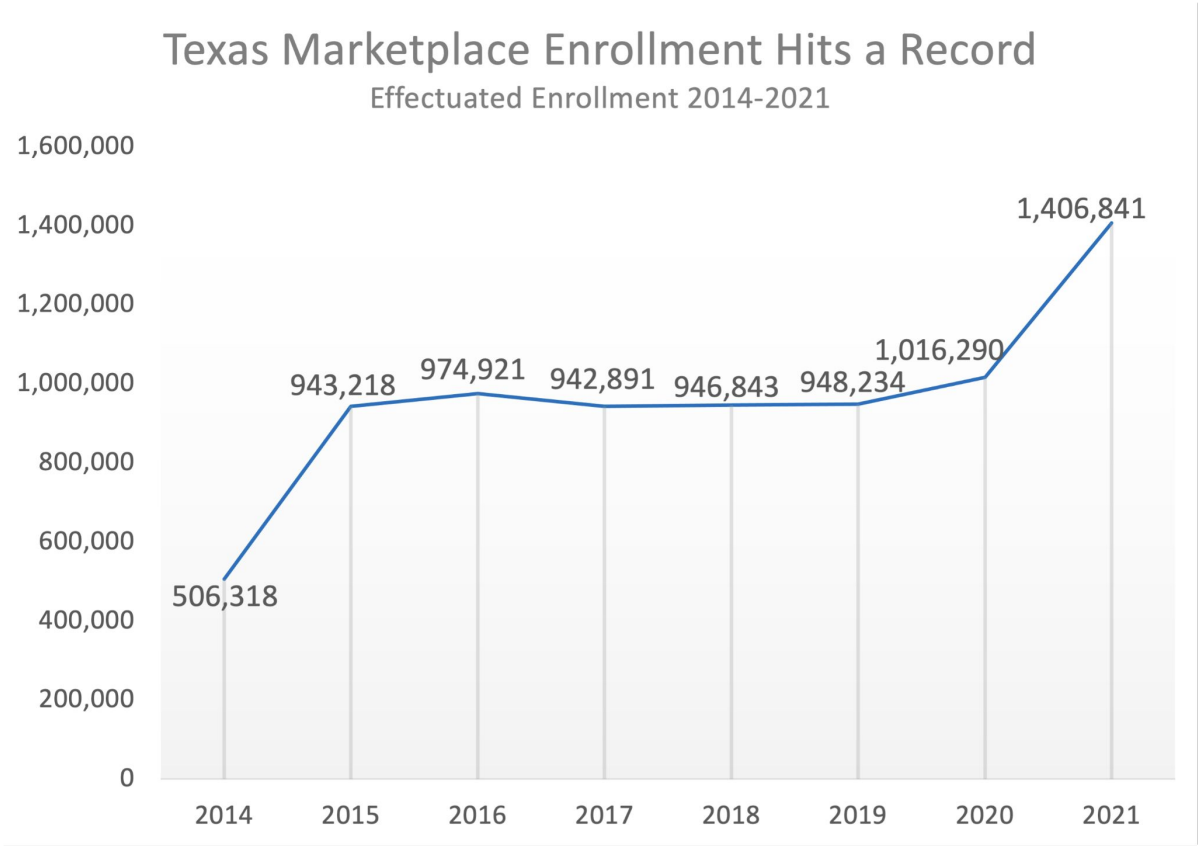
In 2021, the Marketplace re-opened for enrollment from Feb 15 – Aug 15, with new enhanced subsidies:

- 417,000 Texans newly enrolled - 40% increase
  - 53% of new enrollees in Texas got a plan for $10/month or less (Apr-July 2021)
  - Median deductible for new enrollees dropped from $750 in 2020 to $50 in 2021 (nationally)
- 855,000 existing Texas Marketplace enrollees returned for savings:
  - Premiums dropped by 46% on average.
  - Total monthly savings = $36M
- 1.4 million Texans were enrolled in the Marketplace on 8/15/21

Source: Stacey Pogue, Every Texan

Texas Marketplace enrollment totals, 2014-2021

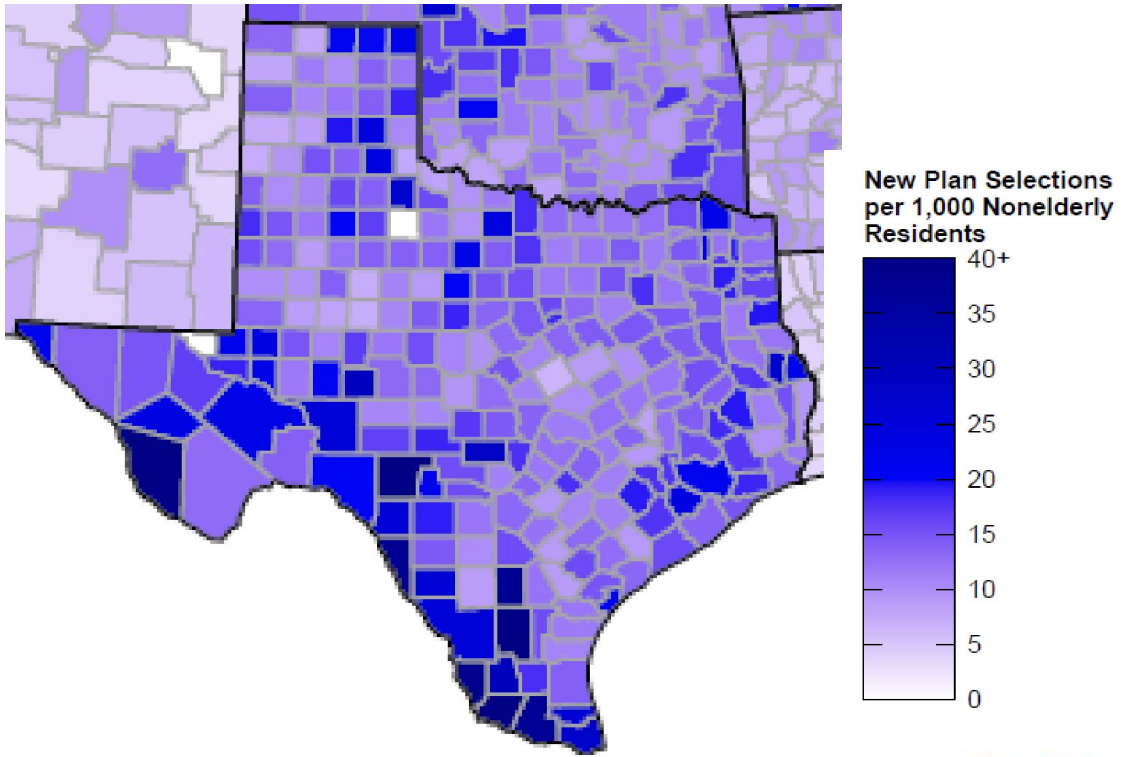
Includes the 2021 special enrollment period



CMS, Total Effectuated Enrollment by State reports, August 2021, First Six Months, 2016-2020, June 2015 and December 2014 Source: Stacey Pogue, Every Texan

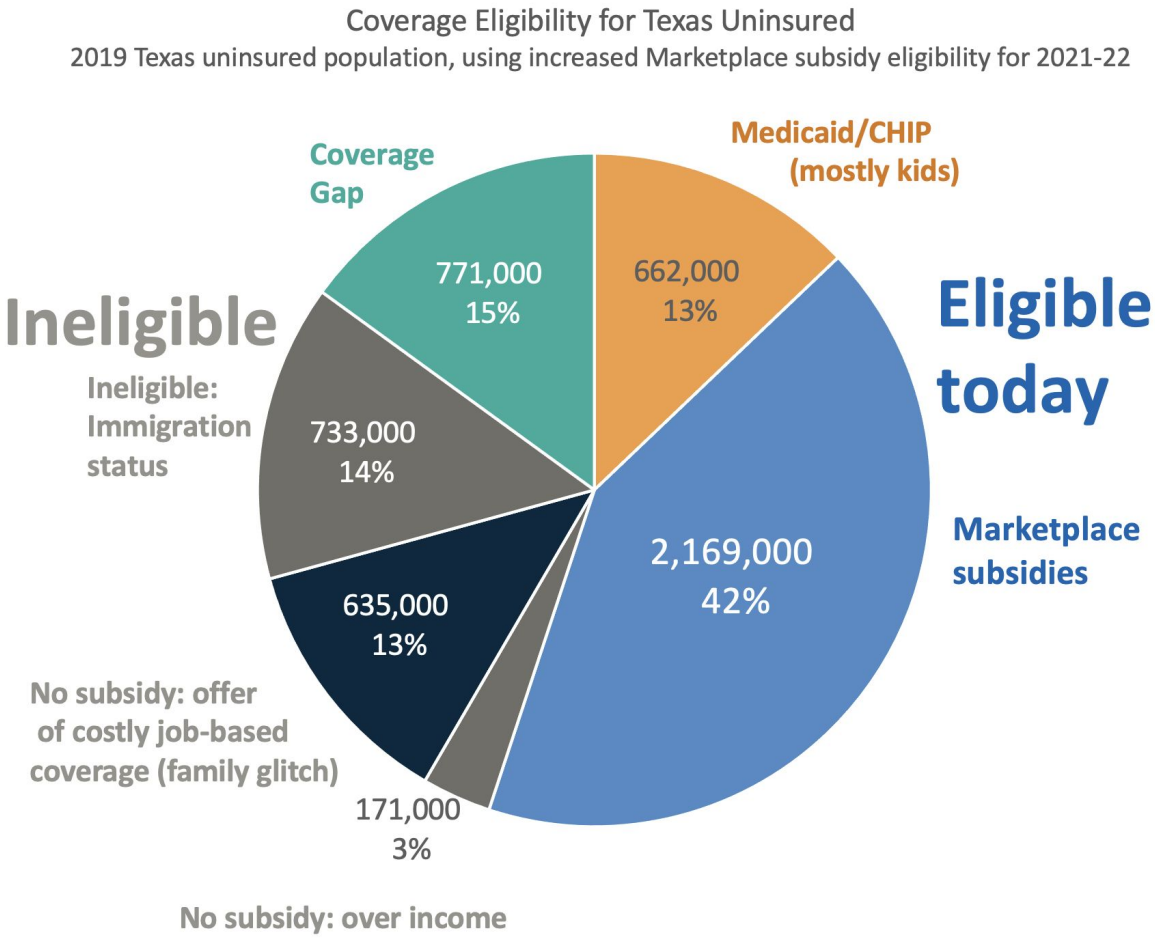
COVID Special Enrollment Period

- Over 400k Texans signed up for coverage during the special enrollment period
- Border counties had relatively high take up per capita



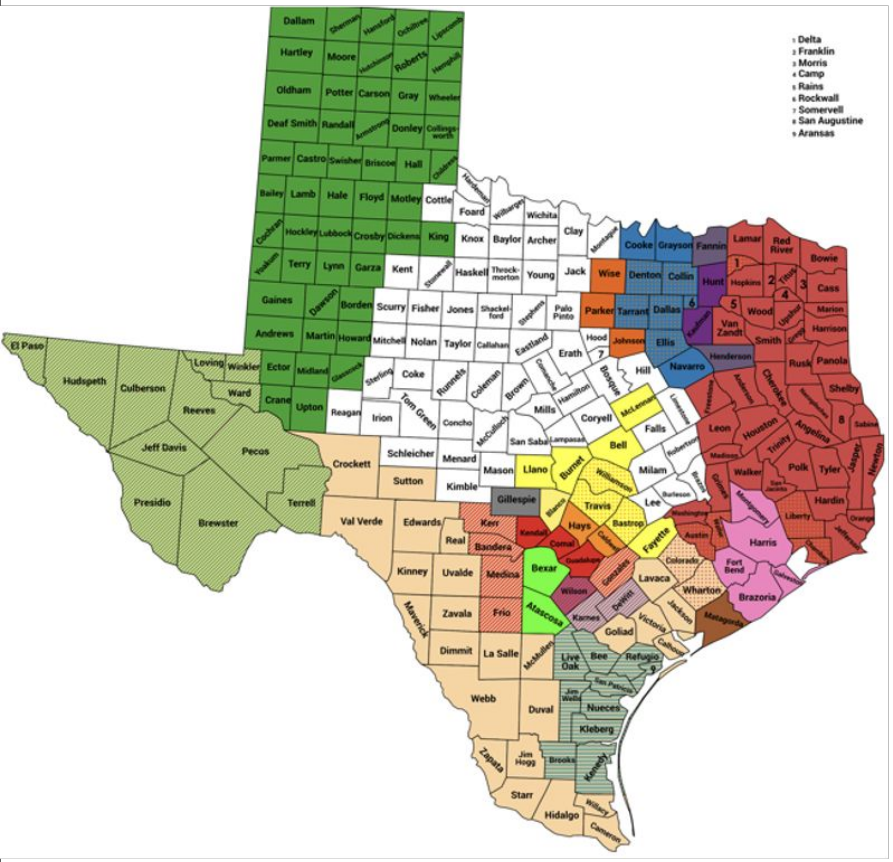
https://www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf

42% of Texas Uninsured People are Eligible for Marketplace Subsidies



KFF, Distribution of Eligibility for ACA Health Coverage Among
https://www.kff.org/health-reform/state-indicator/distributi
22:%22Location%22,%22sort%22:%22asc%22%7D Source: Stacey Pogue, Every Texan

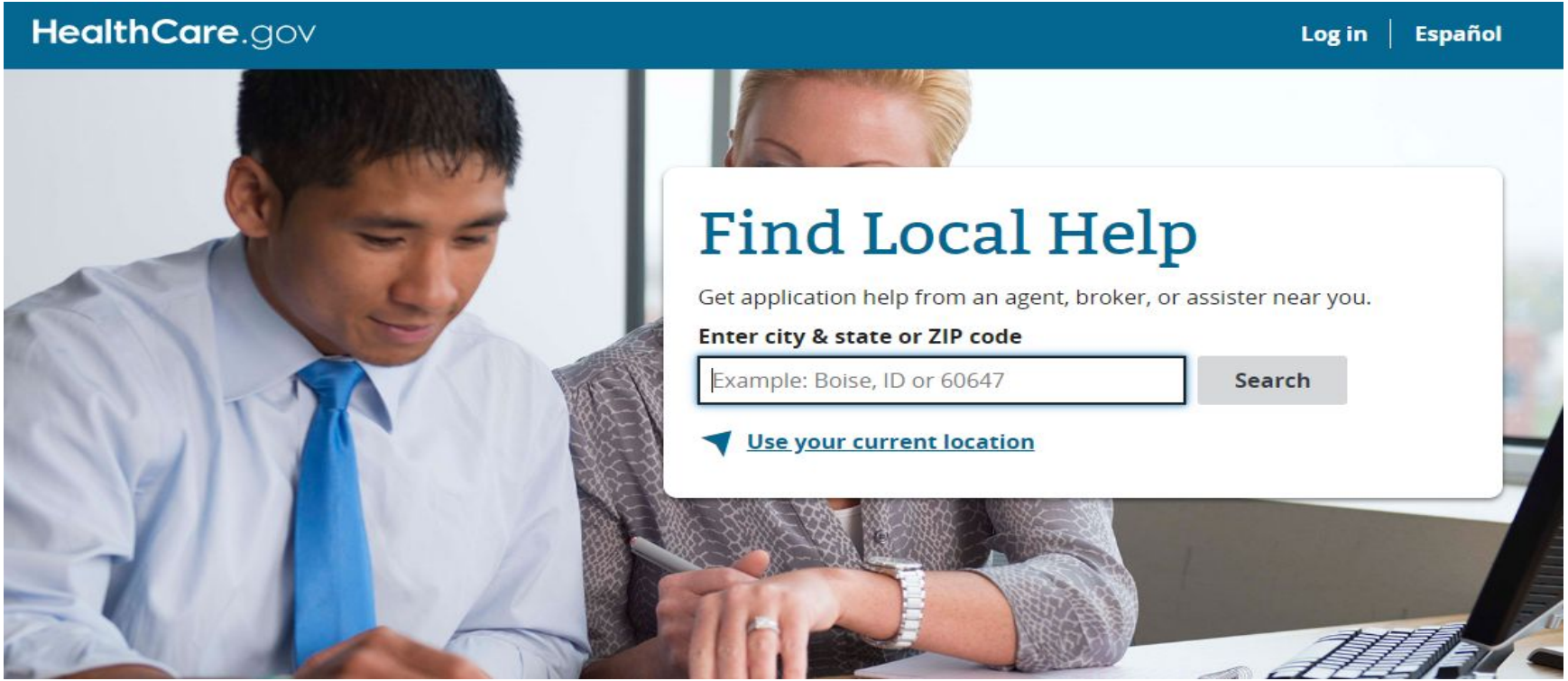
Texas Navigator Organization Service Areas, Aug 2021



2021 Texas Navigator Service Areas

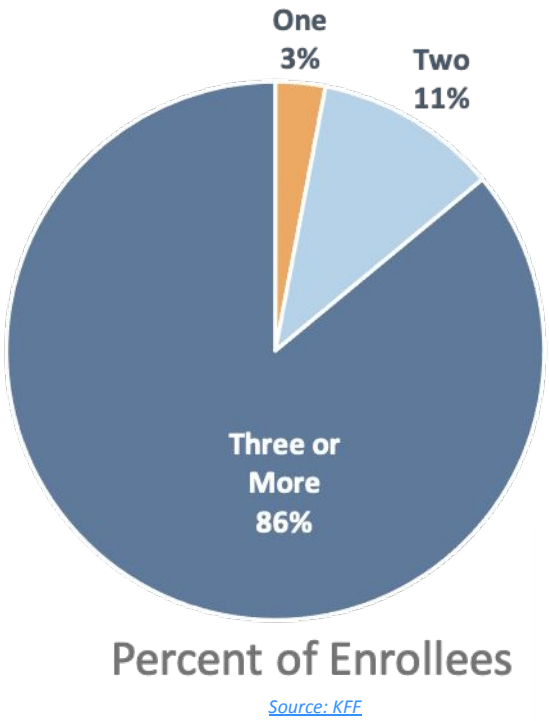
- Change Happens!
- Change Happens!; Boat People SOS Houston; & Light and Salt
- Change Happens! & Light and Salt
- Change Happens! & MHP Salud
- Change Happens!; Boat People SOS; & MHP Salud
- United Way of Metropolitan Dallas
- Light and Salt Association
- Change Happens; Light and Salt; & United Way of Dallas
- United Way of Metropolitan Dallas and Change Happens!
- United Way of Metropolitan Dallas and Light and Salt Association
- MHP Salud
- MHP Salud & CentroMed
- CentroMed; Bexar County Health Collaborative; and MHP Salud
- CentroMed
- CentroMed & Bexar County Health Collaborative
- CentroMed; Foundation Communities; & MHP Salud
- Bexar County Health Collaborative & MHP Salud
- Foundation Communities
- Foundation Communities; Light and Salt; & MHP Salud
- Foundation Communities & Light and Salt Association
- Foundation Communities & MHP Salud
- Coastal Bend Center for Independent Living and MHP Salud
- South Plains Community Action Association
- MHP Salud & South Plains Community Action Association
- No local Navigator organization

https://docs.google.com/spreadsheets/d/1f2yLyLCb-8G7_tP9ubDFXkmfDnPHCukCW0j_W6T__6U/edit#gid=1899596250 Source: Stacey Pogue, Every Texan

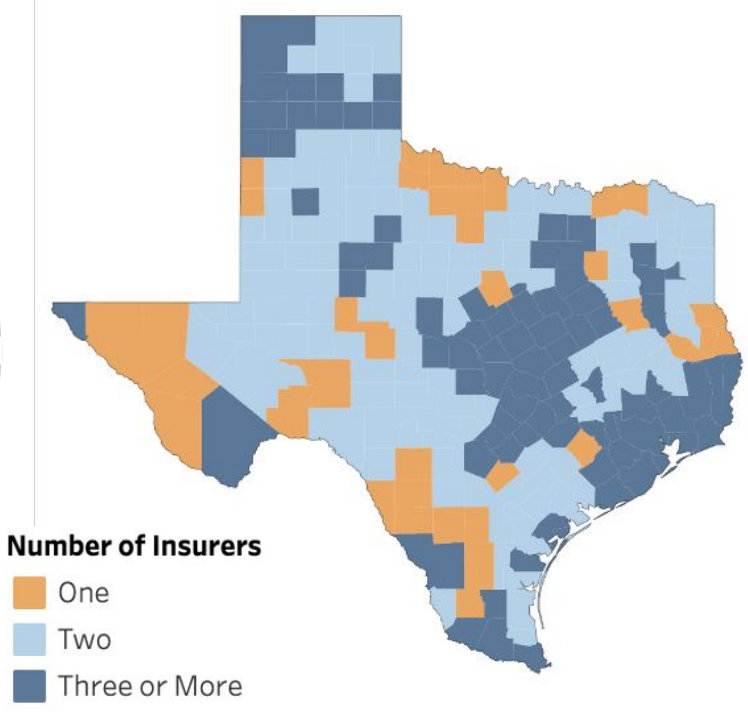


https://localhelp.healthcare.gov/#/

2021 Texas Marketplace Options: Individual Market



Source: KFF



- **86% of Texans** are in counties where 3 or more insurers offer Marketplace plans
- **Only 3% of Texans** in counties with only 1 Marketplace insurer
- **10 insurers** in 2021 Texas Marketplace

New Insurers in TX Marketplace for 2022

Entering the Texas Marketplace:

- Aetna (Austin, El Paso, Houston, San Antonio areas)
- UnitedHealthcare
- Bright Healthcare
- Moda Health Plan

Expanding coverage areas in Texas:

- Christus
- Molina
- Oscar
- FirstCare

https://www.healthinsurance.org/health-insurance-marketplaces/texas/

Health Coverage in House Committee Version of Build Back Better Act

Extends ARPA Marketplace subsidies:

- Enhanced subsidies for <400% FPL made permanent
- No “subsidy cliff” for people over 400% FPL made permanent
- Unemployment compensation-related subsidy to 2025

Closes Medicaid Coverage Gap

- 2022-24: Marketplace coverage (no premium/deductible; minimal copays)
- 2025 and beyond: new federal Medicaid plans

Medicaid/CHIP provide 12-month continuous coverage

Medicaid coverage for 12 months postpartum


Questions